Comparison between chronic hepatitis B patients with untreated immune-

tolerant phase vs. those with virological response by antivirals

Hye Won Lee<sup>1-3</sup>, Seung Up Kim<sup>1-3</sup>, Oidov Baatarkhuu<sup>1,4</sup>, Jun Yong Park<sup>1-3</sup>, Do Young Kim<sup>1-3</sup>, Sang

Hoon Ahn<sup>1-3</sup>, Kwang-Hyub Han<sup>1-3</sup>, and Beom Kyung Kim<sup>1-3</sup>

<sup>1</sup>Department of Internal medicine, Yonsei University College of medicine, Seoul, Republic of Korea

<sup>2</sup>Institute of Gastroenterology, Yonsei University College of medicine, Seoul, Republic of Korea

<sup>3</sup>Yonsei Liver Center, Severance Hospital, Seoul, Republic of Korea

<sup>4</sup>Department of Infectious Diseases, Mongolian National University of Medical Sciences, Ulaanbaatar,

Mongolia

Running title: Prognosis of immune-tolerant chronic hepatitis B

**Corresponding author** 

Beom Kyung Kim, M.D., Ph.D.

Department of Internal Medicine, Yonsei University College of Medicine

50-1 Yonsei-ro, Seodaemun-gu, Seoul, 03722, Republic of Korea

Tel: 82-2-2228-1930; Fax: 82-2-393-6884; E-mail: beomkkim@yuhs.ac

**Supplementary Table 1**. The detailed reimbursement guidelines for nucleos(t)ide analogs therapy by the national health insurance program in the Republic of Korea

Criteria for reimbursement of nucleos(t)ide analogs therapy
Serum HBV-DNA $\geq$ 20,000 IU/mL and serum AST or ALT $\geq$ 80
IU/mL
Serum HBV-DNA $\geq$ 2,000 IU/mL and serum AST or ALT $\geq$ 80
IU/mL
Serum HBV-DNA $\geq$ 2,000 IU/mL
Detectable serum HBV-DNA

Abbreviations; CHB, chronic hepatitis B, HBV, hepatitis B virus; AST, aspartate aminotransferase; ALT, alanine aminotransferase

**Supplementary Figure 1.** Cumulative risks of HCC (A) and LRE (B) development between the UIT and the VR groups by IPTW

